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SIPDIS
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AFR/SA FOR ELOKEN, LDOBBINS, BHIRSCH, JHARMON
OFDA/W FOR KLUU, ACONVERY, LPOWERS, TDENYSENKO
FFP/W FOR JBORNS, ASINK, LPETERSEN
PRETORIA FOR HHALE, PDISKIN, SMCNIVEN
GENEVA FOR NKYLOH
ROME FOR USUN FODAG FOR RNEWBERG
BRUSSELS FOR USAID PBROWN
NEW YORK FOR DMERCADO
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TAGS: EAID EAGR PREL PHUM TBIO ZI
SUBJECT: ZIMBABWE CHOLERA USAID DART SITUATION REPORT #3

SUMMARY

¶1. As of January 8, the U.N. World Health Organization (WHO) reported a total of more than 36,000 cholera cases in Zimbabwe since the outbreak began in August, with 1,822 deaths and a case fatality rate (CFR) of 5.0 percent. On January 6, the health cluster coordinator noted that a number of the new cases reported in recent days were actually from previous days due to reporting delays, particularly over the holiday season. WHO reported that the countrywide CFR has decreased in recent weeks, most likely reflecting an improvement in case management. However, the currently reported national rate of 5.0 percent is still well above the emergency threshold of 1 percent. WHO reported that CFRs are above 10 percent in Midlands and Matabeleland South provinces, and also are increasing in Mashonaland Central and Mashonaland West provinces.

¶2. To date, USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA) has committed more than USD 3.4 million for grants and relief commodities to four implementing partners to conduct water, sanitation, and hygiene (WASH) interventions, and the USAID Disaster Assistance Response Team (USAID/DART) continues to review proposals to program the remaining funds from the USD 6.8 million pledged for the cholera response, including a request from WHO to provide funding for the cholera command-and-control center. USAID/DART staff noted that the cholera command-and-control center still lacks overall leadership, but reported that WHO epidemiologists have provided technical support that has significantly improved the center's epidemiologic analysis, including an alert system. At the January 7 joint health and WASH cluster meeting, currently held biweekly, USAID/DART staff noted some continued miscommunication and lack of coordination between the two clusters. The health and WASH clusters are working together to identify organizations to act as focal points for each province, or ideally, each district. END SUMMARY.

HUMANITARIAN SITUATION

¶3. As of January 8, WHO reported a total of 36,671 cholera cases in Zimbabwe since the outbreak began in August, with 1,822 deaths and a CFR of 5.0 percent. Since the outbreak began in August 2008, cholera has spread to all of Zimbabwe's 10 provinces and 55 of Zimbabwe's 62 districts. Currently, the health cluster continues to plan based on a worst-case scenario of 60,000 cases nationwide, but may revise the estimate based on the continuing analysis of epidemiological data from the holiday period.

¶4. According to the most recent WHO epidemiological bulletin, covering the week ending on January 3, cholera cases and deaths reported during the week have decreased from previous weeks, but cholera transmission is continuing in most areas of the country. WHO noted that reporting during the holiday period was variable, and the data should be interpreted with caution due to likely reporting delays. On January 6, the health cluster coordinator noted that the higher number of new cases reported on January 5 and 6 were due in part to reporting delays over the holiday season.

¶5. WHO reported that the countrywide CFR has decreased in recent weeks, most likely reflecting an improvement in case management. However, the currently reported national rate of 5.0 percent is still well above the emergency threshold of 1 percent. WHO reported that the CFR is above 10 percent in Midlands and Matabeleland South provinces, and also increasing in Mashonaland Central and Mashonaland West provinces. WHO noted that the CFR can be influenced by access to care and inadequate case management, as well as the level of underlying malnutrition and the HIV/AIDS status of cholera patients. Additionally, a lack of awareness at the community level could be contributing to the high proportion of deaths outside of health centers.

USG RESPONSE

¶6. The USAID/DART continues to conduct field visits, participate in U.N. health, logistics, and WASH cluster meetings, and meet with humanitarian partners. To date, USAID/OFDA has committed more than USD 3.4 million for grants and relief commodities to four implementing partners to conduct WASH interventions, and the USAID/DART continues to review proposals to program the remaining funds from the USD 6.8 million pledged for the cholera response, including a request from WHO to provide funding for the cholera command-and-control center.

¶7. On January 5, the USAID/DART health advisor returned to Zimbabwe to conduct additional monitoring of health activities and to evaluate the progress made to date in health coordination and the establishment of the cholera command-and-control center. A health specialist from USAID's Africa Bureau is currently in Harare as well, examining complimentary USAID/Zimbabwe responses to health and nutrition issues.

HUMANITARIAN COORDINATION

¶8. At the January 7 joint health and WASH cluster meeting, currently held biweekly, USAID/DART staff noted some continued miscommunication and lack of coordination between the two clusters. A number of meeting participants advocated for a weekly joint health and WASH cluster cholera response meeting, which the health and WASH cluster coordinators will discuss with participating organizations. The health and WASH clusters are working together to identify organizations to act as focal points for each province, or ideally, each district.

¶9. The WHO epidemiologist is finalizing the joint WASH and health assessment form that can also be used for monitoring progress of cholera response interventions. The form is scheduled to be

finalized by the close of business on January 8. Despite efforts to encourage health and WASH clusters coordination, each cluster initially produced separate assessment forms. As the technical lead on data collection, the cholera command-and-control center has provided the necessary input to ensure future collaboration between clusters on data collection.

¶10. Participants at the January 7 meeting agreed that concerns regarding water, sanitation, and food safety should be presented to the Ministry of Education, Sports, and Culture (MOESC) and the Ministry of Health and Child Welfare (MOHCW) as soon as possible, before schools reopen. The MOESC recently delayed the school term by two weeks, to January 27. Humanitarian concerns include non-functional WASH infrastructure that could promote cholera transmission, as well as how to manage ill children in the school setting. The health and WASH cluster coordinators will attend the next education cluster meeting to ensure standards are available for school safety.

HEALTH

¶11. USAID/DART staff noted that the cholera command-and-control center still lacks overall leadership, but reported that WHO epidemiologists have provided technical support that has significantly improved the center's epidemiologic analysis, including an alert system. On January 8, the center moved from the WHO offices on the outskirts of Harare to the Parirenyatwa hospital, near to a number of humanitarian and government offices.

¶12. WHO staff from the cholera command-and-control center note districts requiring immediate follow up in each daily cholera update

based on four criteria. The four criteria are districts reporting more than 30 cholera cases in the previous day, districts reporting more than three deaths outside of health centers, districts with a CFR of more than 5.0 percent, or districts that have not reported for the past three days.

¶13. The response to the alerts remains slow, with greater emphasis now being placed on provincial level coordination and rapid response teams. The response of health partners to cholera outbreak alerts is expected to improve with the deployment of personal for provincial-level coordination and rapid response teams. The provincial-level staff would work closely with the cholera command-and-control center and share a similar organizational structure.

¶14. On January 7, the USAID/DART health specialist was informed that the Ministry of Health and Child Welfare (MOHCW) approved the deployment of a team from the International Center for Diarrheal Disease Research - Bangladesh (ICDDRB) after a delay of approximately two weeks. The ICDDRB staff should significantly improve case management at the provincial and district levels, decreasing case fatality rates, though the MOHCW has claimed that expertise exists nationally and has called for broader support of staff retention bonuses.

WATER, SANITATION, AND HYGIENE

¶15. UNICEF has initiated the hiring process for a WASH representative to provide full-time technical support to the cholera command-and-control center. WHO has suggested that two WASH representatives participate in the center to ensure rapid response from the WASH cluster partners to alerts.

¶16. On January 6, the USAID/DART information officer accompanied the USAID/Zimbabwe acting Mission Director and health specialists from USAID's Africa Bureau and USAID/Zimbabwe on a monitoring visit of USAID Office of Foreign Disaster Assistance-funded WASH activities conducted by an implementing partner. The USAID staff viewed examples of the organization's integrated WASH response to the

cholera outbreak in several high-density suburbs of Harare, visiting two community water tanks served by the organization, a cholera treatment center that the organization provided with cholera prevention educational materials, and a distribution of soap and aquatabs for household water treatment to 1,000 beneficiaries. The group observed a well-managed distribution, but was informed that both water tanks managed by the organization were currently empty as water tankers were still waiting for power to be restored at the water source.

SOCIAL MOBILIZATION

¶17. On January 2, WHO was asked to help prepare for the January 5 launch of a "Media and Stakeholder Blitz" for cholera awareness led by the Reserve Bank of Zimbabwe and Ministry of Health and Child Welfare. The event was attended by national and regional government officials, state media, and the U.N. Resident Coordinator, but had only a very small diplomatic presence. The Minister of Health and Child Welfare praised the efforts of the various government agencies, while only emphasizing the contributions of non-Western donors and including illegal sanctions and war as some of the "predisposing factors" for cholera. WHO's technical input was largely ignored during the meeting, in favor of self-congratulation from government representatives.

¶18. The health and WASH cluster have formed a joint social mobilization working group, which will be led by Oxfam/Great Britain. Technical input is being provided by the cholera command-and-control center social mobilization focal point. The working group will require robust participation from humanitarian

organizations working with community-level volunteers, particularly from the International Federation of Red Cross and Red Crescent Societies. The working group will be providing guidance on a variety of cholera education and awareness materials, including guidance for large gatherings such as funerals.

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